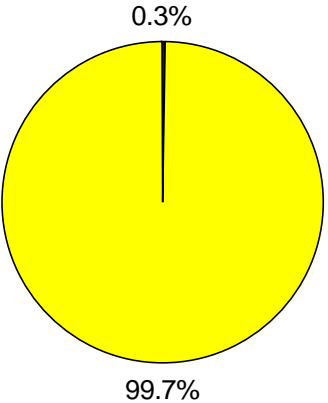


Fairfax-Falls Church Community Services Board

106-09-Alcohol and Drug Criminal Justice Diagnostic and Treatment Services

Fund/Agency: 106	Fairfax-Falls Church Community Services Board	
Personnel Services	\$620,122	<p style="text-align: center;">CAPS Percentage of Agency Total</p>  <p style="text-align: center;">0.3%</p> <p style="text-align: center;">99.7%</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>■ Alcohol and Drug Criminal Justice Diagnostic and Treatment Services</p> <p>■ All Other Agency CAPS</p> </div>
Operating Expenses	\$35,394	
Recovered Costs	(\$383,677)	
Capital Equipment	\$0	
Total CAPS Cost:	\$271,839	
Federal Revenue	\$140,649	
State Revenue	\$45,208	
User Fee Revenue	\$0	
Other Revenue	\$0	
Total Revenue:	\$185,857	
Net CAPS Cost:	\$85,982	
Positions/SYE involved in the delivery of this CAPS	9/9.38	

► CAPS Summary

Alcohol and Drug Criminal Justice and Diagnostic Services (hereafter referred to as "Court Services") provides a continuum of services for offenders incarcerated in the Fairfax Adult Detention and Pre-Release Centers. As mandated by State code, Court Services operates with an inter-agency agreement between the Community Services Board (CSB) and the Office of the Sheriff.

The mission of Court Services is to work collaboratively with the criminal justice system to divert eligible offenders to community-based services in lieu of incarceration and provide intensive treatment to the incarcerated population that focuses concurrently on substance abuse, criminality, mental health disorders, and intensive release planning.

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The range of services includes: court-ordered assessments; diversion of eligible inmates to community-based treatment; general population education; cell-block based therapeutic communities for men and women; specialized treatment for offenders with co-occurring mental health and substance abuse disorders; day treatment; and intensive release planning.

Court Services promotes abstinence from alcohol and drugs upon release through education, and individual and group counseling. Programs are designed to achieve permanent changes in the related problem areas of work or school, family relations, domestic violence, child abuse and neglect, criminal behavior, and other legal difficulties. Services include: substance abuse education; individual, group, and relapse prevention counseling; case management; and discharge planning to ensure linkage to community-based substance abuse treatment and other required services.

Individuals are most often referred to services by the following agencies: Virginia Department of Probation and Parole, Circuit Court, General District Court, the Alcohol Safety Action Program (ASAP), Juvenile and Domestic Relations Court (JDRC), and the Department of Corrections.

Individuals requiring community services upon release are often indigent or are of low-income status. These individuals have little to no ability to access private providers in the community because of a lack of insurance and health benefits. The incarcerated population is at high-risk for relapse and return to criminal activity without jail-based treatment and case management services. In fact, Bureau of Justice Statistics Research indicates that 63 percent of all offenders will re-offend and relapse within the first 90 days if untreated while incarcerated.

Demographic data obtained through jail-based surveys and the inmate data-base indicates that of this offender population, 87 percent are substance abusers, 16 percent are seriously mentally ill, approximately 36 percent have co-occurring mental health and substance abuse disorders, and 24.5 percent are primary language Spanish-speaking. The pathology of the inmate population has continued to increase requiring more intensive multi-disciplinary approaches to address the complexity of interacting disorders.

Quality Assurance and Staff Development

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

Specific to this CAPS, CSB Alcohol and Drug Services (ADS) programs conduct client satisfaction surveys and collect measurements on face valid indicators supported by the Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention. These face valid indicators include measures for improvements in reduced alcohol/drug use, reduced criminal/antisocial activity, and increased productivity in school or work.

Community Outreach

Outreach efforts are conducted based on the specific goals of each service area. Outreach is conducted through Prevention, Crisis Intervention and Assessment, and Youth, Adult and Residential Services to reach at-risk and high-risk individuals throughout the community. The populations who are at-risk and high-risk include, but are not limited to, the indigent, language minorities, immigrant refugees from war-torn nations, those with HIV/AIDS, pregnant women and women with dependent children under the age of 18 that are engaged in substance abuse/addiction. Outreach strategies tailored to a specific program's mission and target population are employed.

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Annually, ADS participates in the production of Public Service Announcements (PSAs). The PSAs have focused on Prevention, Youth Services, specialized programming, information related to the Communities that Care Youth Survey, and general information related to access of services, including signs and symptoms of abuse and addiction.

Accomplishments

In FY 2001, services were provided to 817 individuals. A Jail Services Initiative Grant was obtained to fund the implementation of an innovative jail-based treatment program for offenders with co-occurring mental health and substance abuse disorders. During June 2001, limited services to Spanish speaking persons were initiated using clinical time borrowed from Outpatient Services to provide one group per week in Spanish in the jail. Prior to June 2001, no services in Spanish were available to the growing number of Spanish-speaking persons.

Funding Sources

By Inter-Agency Agreement, funding is provided by the Office of the Sheriff and is reflected as Character 40, Work Performed for Others.

► Trends/Issues

During FY 2000, the Fairfax Adult Detention Facility admitted 26,354 offenders and housed an average daily population of 968. Demographic data obtained through jail-based surveys and the inmate data-base indicates that of this offender population: 87 percent are substance abusers, 16 percent are seriously mentally ill, approximately 36 percent have co-occurring mental health and substance abuse disorders, and 24.5 percent are primary language Spanish-speaking. The pathology of the inmate population has continued to increase requiring more intensive multi-disciplinary approaches to address the complexity of interacting disorders.

Approximately 550 inmates no longer receive critical services, which include assessment, case management, education, individual and group counseling, and linkages to required community-based service providers. Waiting lists for the above listed services remain high.

A 750-bed expansion to the facility has been completed and will be occupied in phases without any increase in ADS staffing.

Approximately 600 inmates in the Adult Detention Center were identified as needing, but not receiving, substance abuse services, due to the rate of increasing need exceeding the rate of increases to organizational capacity.

As of FY 2000, the primary language Spanish-speaking population had risen dramatically to 24.5 percent of the average daily count. Limited substance abuse services have been available to this population to divert them to treatment in lieu of incarceration or provide treatment during incarceration. As a result, the Spanish-speaking offender population has limited access to community-based treatment to reduce high-risk behaviors prior to their release into the community.

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Participant Characteristics

Due to the drug epidemic and related increase in the severity of criminal sanctions, 87 percent of those incarcerated at any given time are substance abusers in need of services. As a result of de-institutionalization and the reduction in State mental hospital beds, at least 16 percent of those incarcerated are seriously mentally ill. At least 36 percent suffer from co-occurring mental health and substance abuse disorders. The percentage of primary language Spanish-speaking offenders has increased to 24.5 percent. A very high percentage of primary language Spanish-speaking offenders suffer from substance abuse disorders. The increased availability of a variety of highly potent illicit drugs has resulted in a dramatic increase in the pathology of the substance abusing offender population. Significant increases in neurological impairment, physical illness, life area impairment and anti-social thinking require more intensive and comprehensive interventions to treat the complex and multiple areas of need.

Criminal Justice and Diagnostic Services provides treatment to the mandated priority populations determined by DMHMRSAS. The priority population includes: individuals who are diagnosed with substance dependency; individuals who are diagnosed with substance abuse within a targeted population (women who are pregnant or who have custody of or live with dependent children under the age of 18, and individuals who fall within the adult mental health priority population who have severe diagnoses); and individuals who exhibit violent behavior related to substance abuse/addiction.

In previous exercises, the Alcohol and Drug Services Criminal Justice Diagnostic and Treatment Services line of business was included in Alcohol and Drug Services Adult Outpatient/Case Management Services. It is presented as a separate CAPS to reflect the specialized nature of these services.

► Method of Service Provision

Criminal Justice and Diagnostic Services is directly operated.

Hours of Operation: Hours of operation are Monday through Friday from 8:00 a.m. to 4:30 p.m.

► Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate
Persons Served	625	607	593	817	850
Hours of Service	12,677	13,012	13,441	14,183	15,000

In FY 2000, 88 percent of enrolled clients completed the Intensive Addiction program.

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► **Mandate Information**

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 1 - 25%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia Section 37.1-197.1 mandates function of single point of entry into the publicly funded mental health, mental retardation, and substance abuse services system.